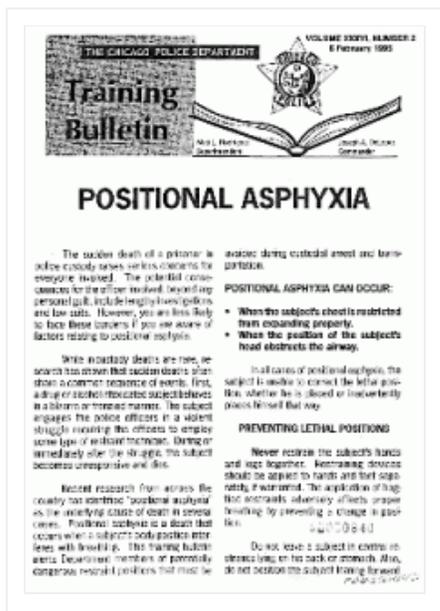


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## Chicago Police Training Bulletin on Positional Asphyxia



The sudden death of a prisoner in police custody raises serious concerns for everyone involved. The potential consequences for the officer involved, beyond any personal guilt, include lengthy investigations and law suits. However, you are less likely to face these burdens if you are aware of factors relating to positional asphyxia.

While in-custody deaths are rare, research has shown that sudden deaths often share a common sequence of events. First, a drug or alcohol intoxication subject behaves in a bizarre or frenzied manner. The subject engages the police officers in a violent struggle requiring the officers to employ some type of restraint technique. During or immediately after the struggle, the subject becomes unresponsive and dies.

Recent research from across the country has identified "positional asphyxia" as the underlying cause of death in several cases. Positional

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asphyxia is a death that occurs when a subject's body position interferes with breathing. This training bulletin alerts Department members of potentially dangerous restraint positions that must be avoided during custodial arrest and transportation.

## Positional Asphyxia Can Occur:

- When the subject's chest is restricted from expanding properly.
- When the position of the subject's head obstructs the airway.

In all cases of positional asphyxia, the subject is unable to correct the lethal position, whether he is placed or inadvertently places himself that way.

## Preventing Lethal Positions:

Never restrain the subject's hands and legs together. Restraining devices should only be applied to hands and feet separately, if warranted. The application of hog-tied restraints adversely affects proper breathing by preventing a change in position.

Do not leave a subject in control restraints lying on his back or stomach. Also do not position the subject leaning forward in a sitting position with hands and legs restrained together. These positions can also contribute to obstruction of the airway, thereby resulting in positional asphyxia.

Do not put weight on an arrestee's back, such as with your knee, for a prolonged period. This practice adds stress to the respiratory muscles and inhibits movement of the diaphragm and rib cage.

Furthermore, do not keep the arrestee waiting for transportation in a restrained position without being properly monitored. Monitor the prisoner by watching the three ABCs: Airway, Breathing and Circulation.

- Airway- The path is free of obstruction and allows the flow of air to the lungs.
- Breathing- Air flows to and from the lungs.
- Circulation- A heartbeat and pulse are present.

Note: The subject's ability to speak without difficulty indicates that the airway is open, and breathing and circulation are present.

## Contributing Factors:

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Many factors contribute to a victim's susceptibility to positional asphyxia. There is an increased risk for positional asphyxia if one or more of the following indicators are present.

- Alcohol Intoxication
- Drugs (especially cocaine, other controlled substances)
- Physical Aliments (obesity, especially "big bellies," chest deformity, etc.)
- Delirium, "Bizarre or Frenzied Behavior" (mental disease including psychosis and schizophrenia and/or drug intoxication)
- Respiratory Diseases (asthma, emphysema, etc.)

## Conclusion:

When feasible, officers should handcuff an arrestee with both hands behind his back and palms positioned outward. Because of the possibility of positional asphyxia, hog-tying of a subject must always be avoided. If temporary prone positioning is required for control, the subject must be closely and constantly monitored. Officers should be aware of any obvious physical disabilities, mental state, or the possibility the subject is under the influence of alcohol or narcotics.

Although most officers have no reason to expect death to result from restraining a subject, the possibility exist. By exercising caution and common sense, the potential for in-custody deaths from positional asphyxia will be lessened.

## Written By:

Research & Analysis and Physical Training Units, Training Division

## Information Taken From:

*Science and Technology, International Association of Chiefs of Police, "Pepper Spray and In-Custody Deaths" by John Granfield, Jami Onnen and Charles S. Petty, MD; The American Journal of Forensic Medicine and Pathology; "Restraint Asphyxiation in Exited Delirium" by Ronald L. O'Halloran, M.D., and Larry V. Lewman, M.D. "Position Asphyxiation in Adults" by Michael D. Bell, M.D., Valerie J. Rao, M.D. Charles V. Wetti, M.D. and Richard N. Rodriguez, B.A., "Positional Asphyxia During Law Enforcement Transport" by Donald T. Reay, M.D., Corinne L. Flinger, M.D., Allan D. Stilwell, M.D. and Judy Arnold*

*Source: The Chicago Police Department.*

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[Dec 21](#) Editor and Publisher Alysia Tate has been named chief operating officer of the Community Renewal Society, *The Chicago Reporter's* parent organization. Alden K. Loury, senior editor since 2002, succeeds Tate as editor and publisher. The changes will be effective Jan. 1, 2008.

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